

A COUNT FOR QUALITY:

CHILD CARE CENTER DIRECTORS ON RATING AND IMPROVEMENT SYSTEMS



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Introduction

Quality Rating and Improvement Systems (QRIS)—a strategy to improve families’ access to high-quality child care—assess the quality of child care programs, offer incentives and assistance to programs to improve their ratings, and give information to parents about the quality of child care. These systems are operating in a growing number of states—22 states had statewide QRIS and four additional states had QRIS in one or more of their communities as of 2010.¹

The development and implementation of QRIS is also a central component of the Race to the Top-Early Learning Challenge—a federally funded competitive grant program that encourages states to strengthen their early learning systems—which will likely spur additional states to establish new or expand existing QRIS. Under QRIS, child care programs receive progressively higher ratings as they meet progressively higher quality standards. States vary significantly in their approaches to QRIS, including in the number of quality levels they have, the standards they set for achieving higher quality ratings, and the extent to which they provide financial and other supports to help programs improve. In most states, child care programs participate on a voluntary basis, although a few states require all regulated programs to participate. Despite these variations in their QRIS, states share a common objective of encouraging better child care options so that more



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families have access to high-quality child care that will support their children’s learning and development.

Given that QRIS are used in a growing number of states and communities, it is helpful to examine the range of approaches these states and communities are taking in designing and implementing QRIS. It is also important to examine the opportunities and barriers for QRIS in achieving the goals of improving the quality of child

care and increasing access to high-quality child care for families, particularly for the most vulnerable families. QRIS can be a tool for improving the quality of care accessed by low-income families who cannot afford high-quality care on their own. To gain more insight into different strategies for shaping and implementing QRIS, the Center for Law and Social Policy (CLASP) and the National Women’s Law Center (NWLC) interviewed 48 child care center directors from nine states about their experiences with QRIS. The directors offered valuable perspectives on what is working in their QRIS and how the systems could be improved.

Overall, the child care center directors thought that QRIS offered a roadmap for strengthening the quality of care and an opportunity for lifting up the child care profession and child care system. One director from Iowa described QRIS as systems that “took all the factors that define high-quality and put them together.” Another director from Iowa said that QRIS keep centers “in a constant evaluation mode,” to ensure they are providing good services to children. A director from Oklahoma discussed the ways in which moving up levels on QRIS gave a sense of progress: “...you can see where you’ve been, what you’re at now, and where you’re going.” Even though the directors were aware of the challenges and shortcomings of their states’ QRIS in practice, they saw the promise offered by QRIS and were hopeful about their potential for having a positive impact over time on the quality of children’s early learning experiences.

Key QRIS Components

NWLC and CLASP identified several components of QRIS that are essential for achieving the goal of improving the quality of child care and strengthening the overall early learning system, and asked for directors’ input on each of these components. The experiences of the child care center directors participating in this



Successful implementation of QRIS components requires sufficient funding and other resources for QRIS as well as the early care and education system as a whole.

study confirmed the importance of these components. The directors offered insights into each component and how it could be most effectively addressed in QRIS.

- **Strong quality rating standards:** States’ QRIS standards typically address areas such as licensing compliance, physical environment, staff qualifications, family partnership, and administration and management, and may link to accreditation.² In order for QRIS to raise the quality of programs, the standards that programs must meet to achieve higher rating levels must set sufficiently high expectations. The standards should also address those areas that are most essential in determining the quality of care children receive.

- **Effective quality measurement, monitoring, and assessment:** States must have an accurate, reliable approach for determining whether and the extent to which child care programs and providers meet the standards required to achieve higher ratings. The assessment process must be seen by programs and providers and the families they serve as a fair and legitimate process that accurately reflects the quality of the child care programs.
- **Incentives and support for improving quality ratings:** Simply knowing what the criteria are to achieve a higher quality rating is not sufficient to enable a program to get there; a program needs resources to make and sustain progress. Yet child care providers typically have few funds available to invest in quality improvements and cannot generate the funds by charging higher fees since most parents cannot afford to pay the cost of high-quality care. Given this failure of the market to support high-quality care, outside financial support is important to help child care programs improve. With additional financial support, child care programs can cover the additional costs entailed in steadily increasing their quality ratings, including costs for hiring and adequately compensating well-educated and well-qualified staff; buying books, toys, and other materials; making minor facilities renovations; and taking other steps to meet the criteria for higher ratings. Financial resources may come in the form of grants or bonuses awarded each time a higher quality rating is achieved and/or higher reimbursement rates paid to those providers serving children receiving child care assistance. In addition to monetary support, programs need technical assistance and mentoring support to guide them in identifying improvements to be made and implementing those improvements.
- **Efforts to make QRIS responsive to the needs of all children:** It is essential to raise the quality of child care across the board. But it is particularly essential for those groups of children for whom high-quality care is currently especially scarce, yet extremely beneficial, including low-income children, infants and toddlers, children with special needs, and school-age children. QRIS must also be designed with attention to the cultural and linguistic diversity of children needing child care. QRIS must be focused on lifting the quality of care and expanding the availability of high-quality care for all populations.
- **Parent education and involvement:** Parents are central to QRIS, because the system is built on the principle that once parents have more information about the quality of their child care options, they will be more likely to choose high-quality care if they have the resources to do so, and once providers know that parents are more likely to choose high-quality care, they will have more incentive to offer it. But this feedback mechanism can only work if parents are aware of what QRIS are and how they work, what the ratings of the child care programs in their communities are, and what those ratings mean, and are able to afford high-quality care.
- **Aligning standards across early care and education settings:** QRIS should involve all sectors of the early care and education community, including child care, state prekindergarten, Head Start, and Early Head Start. This approach simplifies and streamlines the system for early childhood programs, so that they can meet one set of consistent standards as they move toward achieving higher quality, rather than having to simultaneously adhere to multiple, contradictory requirements. This approach can also offer child care programs an additional incentive for improvement—for example,

if attaining a higher quality level qualifies them to receive funding to provide state prekindergarten. In addition, it allows parents to compare the child care and early learning options available for their children using a common rating system.

Successful implementation of these components requires sufficient funding and other resources for QRIS as well as the early care and education system as a whole. While this paper focuses on QRIS, many of the changes and improvements required for an effective QRIS depend not only on the QRIS itself but on components and systems outside the QRIS, such as higher education institutions that educate child care providers, child care assistance policies that determine low-income families' access to help paying for higher-quality care, and Head Start and state prekindergarten programs that provide additional early learning resources. QRIS do not operate in a vacuum—they are affected by and can affect systems around them. In some cases, QRIS may be hampered by the barriers resulting from those outside systems, and in other cases, QRIS may encourage positive change in those outside systems.

Cross-Cutting Lessons

In identifying what strategies make QRIS work, child care center directors repeatedly returned to several common themes that cut across the separate components discussed above. Whether because they experienced the advantages when these principles and practices were present or the disadvantages when the principles and practices were absent in their own QRIS, child care center directors broadly agreed to their importance.

- **Communication:** Directors thought it essential for there to be good communication along all dimensions and among all of those involved in the QRIS, including communication to child care providers and

programs about the standards necessary to achieve each quality level; communication to providers and programs about why they received a particular rating level; communication between licensors responsible for monitoring a center's adherence to basic regulations and assessors responsible for determining a center's quality rating level; communication between assessors and coaches/mentors who provide technical assistance to programs working to achieve higher ratings; communication between directors and coaches/mentors to help improve program quality; and communication to parents about how QRIS work, the standards on which QRIS ratings are based, and the ratings of child care programs in their communities.

- **Relationships:** Based on their understanding of the relationship between a child and the child's caregiver as an important component of high-quality care, the directors thought that QRIS should incorporate criteria that encourage positive child and caregiver interactions. For example, they supported the use of observational assessments that focused on the interaction between children and teachers. They also supported rating criteria that encouraged programs and providers to engage and develop strong relationships with families. In addition, the directors highlighted the need for ongoing relationships between child care centers and coaches/mentors who would come into the classroom on a regular basis to provide child care teachers with guidance on curriculum and teaching strategies and directors and staff with advice on improvements that could help them increase their quality ratings.
- **Resources:** Directors discussed the importance of outside resources to achieve and maintain quality improvements. Theoretically, if a center invests in improving its quality, families—with the help of QRIS that allow them to identify high-quality care—will be willing to pay more for their children to attend that

center. Yet, even average-priced care can strain families' budgets, and many families would find it difficult to pay more for care. The directors' comments confirmed the importance of funding—directly through the QRIS as well as through other funding streams—to allow states to provide mentoring and other supports for centers as they attempt to improve; to help centers afford investments in education and training for their staff, new toys and equipment, facilities upgrades, and other steps necessary to achieve higher quality ratings; and to enable low-income families to afford these higher-rated programs.

- **Review and Reassessment:** Directors wanted QRIS standards to be evaluated to determine whether the standards and the way in which those standards were implemented worked effectively to improve the quality of care and meet the needs of all children. For example, they wanted standards to be evaluated to determine whether they allowed for classroom modifications to serve children with special needs. They also wanted standards evaluated for the extent to which they considered the most important elements of quality, such as teacher-child interactions.

Although child care center directors acknowledged a range of challenges involved in participating in QRIS, they believed that QRIS—if accompanied by sufficient resources and supports—can be a path forward for centers and help them to improve the quality of children's early learning experiences.



QRIS do not operate in a vacuum—they are affected by and can affect systems around them.

About this Report

In the fall of 2010, CLASP and NWLC conducted interviews with child care center directors in eight states with statewide QRIS—Illinois, Iowa, Kentucky, Maine, North Carolina, Oklahoma, Pennsylvania, and Tennessee—and one county with a county-level QRIS—Palm Beach County, Florida.³ Interviews were conducted with a total of 48 directors. Interviewees were asked a series of questions regarding the benefits and challenges of participating in QRIS in order to better understand how QRIS function “on the ground” in different states and communities. In December 2010, CLASP and NWLC convened a group of 15 of the center directors who were interviewed to further discuss the benefits and challenges of QRIS in a two-day roundtable forum.⁴ This paper provides findings from both the interviews and the roundtable discussion.

The center directors who participated in this study were selected based on referrals from state and local early childhood leaders. While they are not necessarily representative of all center directors participating in QRIS, they constitute a diverse group and have had a range of experiences with QRIS at various rating levels. Some had ratings at the lower end of the rating scale, some were in the middle of the rating scale, and some were at the highest levels. Many center directors had experienced moving from one rating level to another. Directors represented centers serving infants through school-age children. Many offered prekindergarten, before- and after-school, and early intervention services. The percentage of children in their centers whose families were receiving child care assistance to help pay for care varied widely, from one center in which no children were receiving assistance to one center in which all children were receiving assistance. Some centers served a large share of children with developmental delays or other special needs.

The states in the study differ in how long they have been implementing their QRIS. Of this group, Oklahoma and North Carolina have the oldest QRIS (beginning in 1998 and 1999) and Illinois and Maine have the youngest QRIS (beginning in 2007).⁵ The states also vary as to whether they require some or all licensed programs to participate in QRIS or whether it is a fully voluntary system. In Illinois, Iowa, Kentucky, Pennsylvania, and Palm Beach County, QRIS participation is voluntary. In Tennessee, participation in the QRIS is considered voluntary, but all licensed child care programs receive a “report card” QRIS assessment. In Maine, QRIS participation is voluntary but all programs serving children in the state’s child care assistance program are required to participate. In North Carolina and Oklahoma, participation in QRIS is mandatory for licensed programs.⁶ States differ in how many levels their QRIS have—ranging from three to five levels—and in the stringency and comprehensiveness of standards at each of those levels. In addition, states differ in the starting point for their rating levels. In North Carolina and Oklahoma, where QRIS participation is mandatory for licensed programs, all programs meeting basic licensing standards start out a one-star rated license. In the other states in the study, programs must meet standards above basic licensing to qualify for the first step on the rating scale.

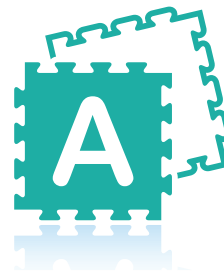
Components of QRIS

Quality Standards

Center directors discussed the various standards they needed to meet to achieve higher quality ratings. They offered their views about whether their states' standards captured the crucial determinants and indicators of the quality of care, whether the standards set realistic benchmarks, and what is entailed in meeting those standards. The directors addressed standards in areas commonly covered by their QRIS, including staff education, training, and professional development, classroom environment, family engagement, and center administration and management practices.

Staff Education, Training, and Professional Development Standards

All of the study states include some measure of staff qualifications in their rating systems.⁷ This reflects the research demonstrating that increased training and higher levels of education and credentials are related to higher-quality child care and better interactions between providers and children in their care. For example, an analysis of data from the NICHD Study of Early Child Care indicated that child care providers who received more recent and higher levels of training offered richer learning environments and warmer, more sensitive caregiving.⁸ An analysis of data from the Cost, Quality and Outcomes (CQO) study found that the more formal education related to early childhood education (including a Child Development Associate (CDA) credential, associate or bachelor's degree, or higher) that center providers reported completing, the



Directors agreed with the importance of including staff education requirements in QRIS and believed that increasing the professionalization of the workforce through higher staff qualifications benefits children and the early childhood field.

higher their ratings on environment rating scales and measures of caregiver interaction.⁹ In addition to education, research finds that increased compensation and retention of providers are predictors of higher-quality child care.¹⁰

Most states' QRIS include education and training requirements for both child care directors and teachers. Standards related to staff qualifications may include required training hours and/or degree or credential requirements. For example, each member of a center's teaching staff may be required to have had a certain number of hours of training in early care and education for the center to achieve a rating at the lower end of the scale, while a certain percentage of teaching staff may be required to hold a credential or degree in early care and education (such as a CDA or bachelor's degree) to achieve a rating at the highest end of the scale. The quality standards often also require staff to receive ongoing training for the center to achieve higher ratings.

Directors agreed with the importance of including staff education requirements in QRIS and believed that increasing the professionalization of the workforce through higher staff qualifications benefits children and the early childhood field. A director from Kentucky said that as a result of QRIS standards, "staff are more aware of children's needs" and "teachers see their job as more of a profession." According to the directors, QRIS—by setting higher expectations for training and education credentials—have provided a path for many teachers to advance in their education and careers. Many directors found the expectations and related support to help them meet these expectations to be some of the most critical benefits of QRIS. One director told us, "I came into the center with no education. I got my CDA through the Stars program [the state's QRIS]. Now I'm 22 hours from getting my BA."

While the directors agreed that the qualifications of staff were central determinants of the quality of care, and that setting educational standards raised the stature of the early childhood field, they discussed some challenges in meeting the standards. Several of the directors said they had made or felt pressure to make hiring decisions based on which candidate had the formal credentials needed to meet higher QRIS standards, rather than on which candidate they thought might work best with the children in their centers. A few of the directors had to demote experienced, effective staff from "teacher" to "teacher's assistant" and pair them with a "teacher" who had the formal credentials required for the center to achieve the highest quality ratings. As a result, many directors favored an approach that allowed sufficient opportunity for effective teachers who had experience but no credentials to gain higher credentials. In addition, their comments suggest that, as QRIS place more emphasis on formal education programs, it will be important to examine how these programs can most effectively build teachers' skills—through incorporating practical experience into degree and credential programs and other strategies—so that they are well-prepared to work with children upon completion of their programs.

The directors also stressed the importance of supports, including scholarships and training opportunities, to help their staff meet the credential requirements, provided through a QRIS itself, a separate state initiative, or private sources. All of the study states, except Iowa, include scholarships for staff among the financial benefits offered to participating centers through the state's QRIS.¹¹ In addition, all of the study states, except North Carolina, offer training for staff through their QRIS. Some states also have separate grants or funds that are targeted to education and training scholarships for teaching staff or that can be used at a center's discretion for these purposes. Several states link their QRIS to initiatives such as the T.E.A.C.H.

Early Childhood® Project, which aims to increase provider education, compensation, and retention by offering teachers scholarships to receive additional education and bonuses to reward them once they attain certain credentials, provided they stay with their child care program for a set period of time.¹² Several directors stated that they also raise private funds to help pay the costs of staff education and training, to supplement the limited scholarship funding available.

The directors expressed a desire for a wider range of course offerings that their staff could use to meet QRIS standards related to ongoing training. QRIS often require staff to complete a certain number of hours of training in early education, on an annual or ongoing basis, to earn points toward the score that determines a center's overall quality rating and specify the content or the providers of training that are acceptable to meet these requirements. Several directors noted that some of their staff, particularly those who already had higher education credentials, had to take the same courses year after year or basic, introductory courses that did not teach them new material, to meet the QRIS standards, because more challenging trainings that would have also met the standards were not available. As a result, the QRIS standards did not always lead to real enhancements of their staff's skills, because more advanced courses were not available in the broader system—through resource and referral agencies, community colleges and universities, and other community agencies and institutions—in tandem with the QRIS standards.

The directors also wanted a wider array of training options so that in meeting the QRIS standards, they were meeting the diverse needs of their staff and the children they serve. For example, directors in centers serving children with special needs wanted more training in working with children with special needs to be approved to meet the QRIS standards.



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In addition, directors discussed supports that could help staff who speak languages other than English meet the staff education standards, including opportunities for staff to complete English language coursework prior to coursework in early childhood education and trainings in early childhood education available in multiple languages. The directors thought it was worthwhile to take steps to help these staff because they play an important role in communicating with and addressing the needs of children and families with limited English proficiency.



The directors discussed the need for coordinated professional development systems, which help teachers track their efforts toward credentials and degrees that in turn help their centers achieve higher QRIS ratings.

The directors noted the importance of making training and education required to meet the higher QRIS standards easily accessible, by offering it at convenient locations and times. Their teachers typically work full time at their centers, so are not available during the daytime, especially in the absence of resources for substitutes. Many teachers also lack the time or means to travel long distances for classes. Directors appreciated when courses were offered online or during hours outside the traditional workday, or other steps were taken to accommodate teachers.

The directors also discussed the need for coordinated professional development systems, which help teachers track their efforts toward credentials and degrees that in turn help their centers achieve higher QRIS ratings. Professional development systems identify coursework and credits in early care and education that qualify to be transferred across institutions and counted toward higher credentials and degrees. These systems usually involve articulation agreements among training providers, community colleges, and universities about which courses and credits will be recognized. Professional development systems also typically involve early childhood workforce registries that collect data on professional development activities, including non-credit based training, high school and college coursework, and early education credentials. Registries help those working toward early education credentials and degrees maintain records of their coursework and credits that will be accepted across the professional development system. Thirty-two states have early childhood workforce registries,¹³ and eight states require QRIS participants to participate in their statewide professional development registry.¹⁴

As directors work to meet the quality standards for staff education and training, one of their biggest challenges is paying sufficient compensation to attract and retain highly qualified staff. Low wages and limited health and other benefits for child care providers have long been issues. The directors' experiences demonstrate that the QRIS standards for more highly qualified and credentialed teachers must be paired with funding to provide higher compensation for these teachers; otherwise, child care teachers who earn advanced degrees will likely leave their child care centers for higher-paid jobs in the elementary and secondary school system for which their degrees qualify them. A number of the directors had worked closely with teachers to help them receive their degrees so that their centers could qualify for higher

quality ratings, only to have the teachers leave the centers after a short time for jobs in the public schools that offered better pay and benefits. As one director from Maine said, “It is really hard to pay for staff to advance their career and not expect them to look for more money—the money just isn’t there.”

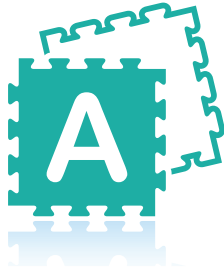
Given that the directors are always grappling with tight budgets, have little room to raise parent fees, and typically lack significant additional private or public resources, they are limited in their ability to improve compensation for their teachers. Without any means to increase pay and benefits for teachers with advanced credentials, some directors were reluctant to encourage their teachers to receive additional education or to hire teachers who already had advanced degrees, even if that meant forgoing the opportunity to increase their quality rating. The directors were concerned that they would not be able to retain those teachers, and as a result, would not be able to maintain the higher quality ratings. For the directors, this situation highlights the importance of supplementary supports—from public or private sources—to help them afford higher wages or other incentives to encourage teachers with advanced credentials to stay with their center. Five of the study states include or align their QRIS with wage enhancement initiatives.¹⁵ A center director in Oklahoma uses a foundation grant to pay for teachers’ higher education costs in return for an agreement to stay at the center for a minimum of two years.

Finally, directors discussed the need to address any tension that could arise among staff as some teachers receive advanced degrees and promotions as part of a center’s efforts to achieve and retain higher quality ratings, while other staff do not. The directors spoke of their efforts to make their entire staff feel valued and to develop a sense of teamwork among them as they strived together to attain the highest quality levels of the QRIS.

Classroom Environment Standards

All of the study states’ QRIS incorporate standards related to the classroom experience and environment, which includes the arrangement of indoor and outdoor space, materials, activities, interactions between children and staff, and schedules and routines. These elements are important in determining the safety of a child’s environment and the quality of a child’s learning experience. The quality of the classroom environment is measured using Environment Rating Scales (ERS)—nationally recognized, research-based scales that have been tested for validity and reliability¹⁶—in most of the study states.¹⁷ The ERS rate programs on a scale of 1 (inadequate) to 7 (excellent).

Typically, each level of a QRIS requires a minimum ERS score. States vary as to whether centers have to achieve a minimum score overall or on each ERS subscale (for example, space and furnishings, personal care routines, language-reasoning, activities, interactions, program structure, parents and staff) that make up that combined score. States also vary as to whether each classroom’s score or the average score across classrooms must meet the minimum ERS score. For example, in Tennessee, centers must have an average ERS rating of at least 4.0 for a one-star rating, at least 4.5 for a two-star rating, and at least 5.0 for a three-star rating (the state’s highest rating). In addition, under Tennessee’s QRIS, a program is not eligible for averaging ERS scores if any classroom score is below 3.0; instead, the lowest score (the score from that classroom) is used. In North Carolina, a center receives three points toward the overall score that determines its rating¹⁸ if the lowest classroom score is at least 4.0, four points if the average score is 4.5 with no classroom lower than 4.0, five points if the average score is 4.75 with no classroom lower than 4.0, six points if the average score is 5.0 with no classroom lower than 4.0, and seven points if the lowest classroom score is at least 5.0.



Directors favored incorporating measures of the quality of the teacher-child interactions in QRIS, as is starting to be done for some QRIS and other early childhood programs.

Directors recognized the importance of including a classroom experience and environment standard in the QRIS that requires all classrooms to meet certain expectations across all of the components measured by the subscales in order to achieve a certain quality rating. However, the directors expressed some concern that QRIS might be less likely to generate gradual, continual improvement across a broad range of centers if designed in a way that only allowed centers to increase their ratings if they made progress in all subscales in all classrooms, and that did not allow centers to increase their ratings at all if they fell short in one area, even if they improved substantially in all other areas. The directors thought that such an approach could discourage centers that were unable to make progress in one area—for example, due to structural features of the classroom

that would require extensive renovations, or moving to a new building altogether, to address—from trying to improve in those areas where they could, because any improvements would not make a difference in their quality ratings anyway as long as their score remained low in that one area.

Directors also expressed concern that the classroom experience and environment standards did not place enough emphasis on the teacher-child interaction that is most central to the quality of care children receive. They favored incorporating measures of the quality of the teacher-child interactions in QRIS, as is starting to be done for some QRIS and other early childhood programs. For example, in Virginia, programs are rated in part based on the Classroom Assessment Scoring System (CLASS™), a system for observing and assessing the quality of interactions between teachers and students in classrooms, with scores in the areas of emotional support, classroom organization, and instructional support; CLASS scores are weighted more heavily than the three other standards used for the state's QRIS ratings, accounting for more than one-third of a program's total quality rating score.¹⁹

To achieve higher ERS scores that would allow them to attain higher QRIS ratings, directors said that they often needed help understanding how to implement the standards, changing their practices and environment to meet the standards, and identifying resources to use to meet the standards.

Family Engagement Standards

All of the study states have QRIS that include criteria related to family partnerships and engagement. Standards may require a center to have parent-teacher conferences, family activities, and parent advisory boards to achieve higher ratings. States vary in how extensive their standards on family partnerships are.

For example, in Iowa, centers are awarded one point toward the overall score that determines their quality rating if they provide an orientation for new parents and hold annual conferences with parents.²⁰ In Oklahoma, centers at all star levels must have a communication system with parents, welcome parents at all times, hold annual parent conferences, have a parent resource area, hold at least two parent meetings each year, provide parent information by at least two methods (bulletin board, newsletter, parent handbook, website specific to each center location, or e-mails), have parent participation in program and policy development, make information on licensing requirements available for parents, and survey staff and parents every two years; centers at two- and three-star levels must also give a written report about the child to parents at the annual conference and must maintain a current list of available community resources and assist parents in locating and connecting with these services.²¹ In a study of 26 QRIS, 24 had some criteria for center ratings related to family partnerships, including 18 that had parent-teacher conferences as an indicator yet only nine that had community resource lists as an indicator and just five that had parent advisory boards as an indicator.²²

Directors supported the inclusion of family engagement standards in QRIS standards, recognizing the important role families play in children's learning and development and the contribution families could make to their centers. Most directors interviewed had little difficulty meeting the existing QRIS standards for family engagement and in fact thought that their states' QRIS should have even stronger, more meaningful family engagement standards. They wanted standards that went beyond measurements such as whether the center held parent-teacher conferences a few times a year. Instead, they supported standards that encouraged centers to have ongoing interactions with families and build relationships with them—for example, standards that required centers to ensure opportunities for regular,

active participation by families in the classroom and to identify and provide supports for families in order to receive higher ratings. Many of the directors interviewed were already offering these family engagement and support activities in their own centers and thought that the QRIS should incentivize all centers participating in QRIS to do so as well. However, directors recognized the challenge of developing a standardized way to measure centers' relationships with families.

Center Administration and Management Standards

Most states include some measure of a child care program's administrative and management practices in their QRIS standards, including all of the study states. Standards in this area typically address programs' record-keeping practices and written policies and manuals and, in some cases, assess programs' compensation and benefits packages. For example, Illinois uses the Program Administration Scale (PAS), a tool for measuring the overall quality of administrative practices of early care and education programs through assessment in areas such as human resources development, personnel cost and allocation, center operations, fiscal management, program planning and evaluation, marketing and public relations, and technology.²³

The directors said that to meet administrative standards, it was important to have training and technical assistance on business and management practices. However, many directors said there was limited training available in these areas. A director from Iowa noted that training for directors was not offered until about a month before the QRIS application was due.

Small centers are in particular need of support to help them efficiently meet the administrative standards, since they generally lack the additional staff to devote to administration and management and are reluctant to

cut into the time staff spend with children or that directors spend mentoring their staff. One director from Illinois found that the PAS assessment was her biggest barrier in moving up from being a two-star center because she lacked the capacity to upgrade her administrative procedures.

Monitoring and Assessment

Monitoring and assessment procedures determine and verify the level of QRIS standards child care programs are meeting. In most states, the monitoring and assessment process involves an on-site evaluation. Directors recognized the importance of monitoring and assessment to ensure accountability. They offered several recommendations for how it could be done more effectively.

For the assessment to truly function as a mechanism for improvement, directors thought there should be:

- Reliability and consistency in assessment practices;
- Comprehensive assessments that captured a full picture of their centers;
- Opportunities for directors to offer and receive feedback about the assessment of their centers; and
- Coordination between the QRIS assessment and assessments for other early childhood initiatives.

According to the directors, the assessment process is often stressful for staff, but if designed well, the process can lead to an increased sense of pride, professionalism, and teamwork.

Reliability and Consistency

All QRIS that use observational assessment in their ratings—which includes all but Maine of the study states²⁴—have some training process for assessors and some initial and/or ongoing process for ensuring reliability.²⁵ Such reliability is essential so that directors know what they need to do to meet standards for improving or maintaining their quality ratings. Yet, many center directors had encountered inconsistencies among different assessors’ interpretation of standards. A number of directors also had experienced inconsistencies between how standards, such as standards on space configurations and other areas, were interpreted by technical assistance specialists, coaches, and mentors and how the standards were interpreted by assessors. Directors supported training for assessors to ensure they were consistent in how they interpreted and applied the QRIS standards and had a common base of knowledge of early childhood education and child development. They also recommended joint trainings on the standards involving both the technical assistance specialists who provided centers with advice on meeting the standards and the assessors who evaluated whether centers were meeting the standards.

Comprehensiveness

Directors wanted a process that provided a comprehensive evaluation of their centers. In most cases, the assessment process involves an evaluation that occurs for a few hours on a single day once a year—or, in some states, only once every three years—and sometimes in only a few of a center’s classrooms. While this minimizes the time centers and assessors have to spend on the process, which can be distracting for staff and children, directors are concerned that it has resulted in incomplete evaluations. With a snapshot assessment, a center’s entire rating could be affected because an individual teacher or child had a bad day or a bad moment. A director from North Carolina commented that the assessment process “feels like you’re putting on

an act for that one time when they rate you. You have five hours with people observing you for you to show them every great thing you've done. Since this happens once every three years, it's not natural—you wouldn't ordinarily do all of those things in one time period." While time and cost constraints may prevent more frequent and in-depth observations, directors wanted a process that would allow for a fuller and more accurate indication of a center's quality.

Feedback

Most directors said they receive reports on their assessments after they are completed, but many receive only limited detail and in at least one state, directors only receive information about areas in which their ratings are low. Directors wanted comprehensive reports with information about how they were assessed on each individual item comprising the overall score, so that they knew where they were doing well and needed to sustain or build upon that performance and where they needed to improve.

Directors not only wanted to receive feedback about how they were scored in the assessment process; they also wanted the opportunity to provide their own feedback about how they were scored. The directors discussed the need for a clear, timely, and reliable appeals process for situations in which they disagreed with the score they received in one or more areas.

Coordination

Directors supported greater coordination between assessments for QRIS standards and other assessment and monitoring requirements to which they were subject, such as requirements for licensing, fire safety, state prekindergarten participation, and/or accreditation. Coordination across agencies responsible for monitoring can help minimize duplication, so that programs do not have to be assessed multiple times by different agencies on the same set of standards with the



Directors supported greater coordination between assessments for QRIS standards and other assessment and monitoring requirements to which they were subject, such as requirements for licensing, fire safety, state prekindergarten participation, and/or accreditation.

same observational tools. Coordination can also avoid conflicts among assessment standards, so that directors are not asked to meet contradictory standards. For example, the ERS, which is an important component of determining QRIS ratings in many states, requires programs to display some of children's work to receive at least a minimal rating in the area of "child-related display" and to display many items at the child's eye level to receive a "good" rating in this area; at the same time, local fire safety standards may place

restrictions on the type or extent of decorations.²⁶ It is important for those responsible for designing and assessing compliance with the different sets of standards to communicate with one another to the extent feasible and with center directors and staff to help them figure out a way to comply with such standards—for example, how to hang materials so as not to pose a fire safety hazard—or not penalize a center simply because it was trying to comply with a separate set of standards.

Critical Role of Financing and Supports

All of the study states offer supports, both monetary and non-monetary, to providers in the QRIS to move up the rating system, although the extent of supports varies significantly from state to state. Monetary supports most commonly include grants, awards, and bonuses for centers. Seven of the study states offer tiered reimbursement—progressively higher reimbursement rates for child care assistance for providers at progressively higher quality ratings. Under a tiered reimbursement system, the higher rate is a certain percentage or dollar amount above the standard reimbursement rate for each child, and it increases with each QRIS rating level.²⁷ Non-monetary supports, offered by some state QRIS, include coaching, mentoring, and technical assistance to guide providers on quality improvement. Directors viewed all of these forms of support as essential to enabling them to support and sustain quality improvements, and they wanted the supports to be expanded and made available on a longer-term basis.

Monetary QRIS Supports

Monetary supports are an important way of covering the additional costs entailed in providing higher-quality care, including costs for teachers with higher education credentials, staff education and training, and additional

supplies and materials. Child care programs often need both one-time grants for the initial investments required to meet higher quality criteria and longer-term sources of additional income to cover permanent cost increases, such as higher salaries. Most child care providers, particularly those serving low- and moderate-income families, cannot charge parents higher fees—because parents are unable to pay the additional amount—so they must rely on state and other outside funding for help with these costs.

Grants, Awards, and Bonuses

Most of the study sites—including Iowa, Kentucky, North Carolina, Pennsylvania, Tennessee, and Palm Beach County—offer grants or awards to child care centers in QRIS. Maine does not offer direct grants to providers, but does offer tax credits to parents using higher-rated providers²⁸ and providers that pay state taxes and made investments to improve quality.²⁹ States may have initial grants for programs entering QRIS to help them make the improvements they need to attain a quality rating, and/or annual or ongoing grants to award programs once they have achieved a higher rating level. For example, Palm Beach County offers mini-grants for programs in their first year of QRIS participation and quality enhancement payments for programs at the two- through five-star levels.

Within each state, the amount of the grant a center receives typically increases with the total number of children, the number of children receiving child care assistance, and/or the rating level attained by the center. In some states, the amount of the grant also depends on the county in which a center is located. The minimum and maximum grant levels vary across states, ranging from as low as \$200 in Kentucky for a one-time initial achievement award to as high as \$63,000 in Pennsylvania for an annual award for large centers at the highest rating level serving a significant proportion of children in the child care assistance or early intervention programs.³⁰

The funding sources of these grants vary across states. States may use federal Child Care and Development Block Grant funds, a separate state-funded initiative, and/or private funding. In North Carolina, QRIS grants are awarded through local resource and referral agencies and local Smart Start Partnerships, which are independent, private organizations that operate in all 100 of the state's counties and are supported with state, local, and private funding.

Directors discussed the need for grants and bonuses that were generous enough to cover the substantial additional costs involved in attaining and maintaining a higher quality rating. Many of them thought that the grants available in their states were not close to matching these extra costs, and only helped them cover their basic operating costs. For example, a center director in Pennsylvania believed that the increase in requirements between the two-star and three-star levels was far greater than available grant monies or any increase in fees could support. She said that centers remain at two stars because they lack support to move up further. Directors thought it was important to provide sufficient financial supports all along the quality rating scale, from centers at the bottom of the scale struggling to improve, to those centers at the top of the scale working to maintain the highest quality standards, and those in between.

States can find it challenging to maintain QRIS supports for providers as more providers participate in the system, and may struggle to determine how long to maintain supports at each level. In Pennsylvania, for example, the amount of funds dedicated to supports and awards grew from \$22.4 million in FY 2005-06 to \$35.6 million in FY 2008-09, a 58 percent increase.³¹ Participation grew at a similar rate during that time, from 3,154 providers in 2005 to 4,801 providers in 2009, a 52 percent increase.³² Yet it is uncertain whether funding will continue to keep pace with an increase in the number of providers that are, or are interested



Many directors thought that the grants available in their states were not close to matching these extra costs, and only helped them cover their basic operating costs.

in, participating. For states where participation in the QRIS is mandatory or states looking to expand QRIS, sufficient funding is important to help providers improve their ratings; otherwise, the state may have a large number of providers in the system, but few making progress within it.

Tiered Reimbursement

In addition to one-time rewards for initial attainment of a higher quality rating and annual bonuses for sustaining a higher quality rating that are available to all participating child care providers, states may offer financial incentives and support for quality improvement for providers participating in the child care assistance program through tiered reimbursement rates. Tiered reimbursement rates offer a mechanism for targeting resources toward providers that are serving low-income children receiving child care

assistance, children who often have the least access to, yet stand to benefit the most from, high-quality care.

Tiered (or differential) reimbursements—progressively higher rates paid to progressively higher-rated providers—can offer higher-rated providers that serve children receiving child care assistance a source of ongoing support. Directors favored this type of sustained funding; however, the amount of the differential in rate levels and the total reimbursement received were often seen as insufficient to support the high-quality levels they were trying to achieve and maintain.

In order for tiered reimbursement rates for higher-quality care to be adequate, they must be built on adequate base rates (the standard rate paid to providers at the basic level of quality). Yet, as of February 2011, base reimbursement rates were set at the federally recommended level (the 75th percentile of current market rates of all providers, which is the rate that allows families access to 75 percent of the providers in their communities) in only three states nationwide³³—and in none of the study states. And in the majority of states using tiered reimbursement, the highest reimbursement rate is still below the 75th percentile of current market rates.³⁴ As one Pennsylvania center director told us, “To have the QRIS is admirable. I’m glad [my state] has it. But you need to have a foundation in order for it to work...[it’s] not going to raise quality unless you deal with the basic rate issue.”

While many directors thought that differential and overall reimbursement rates should be higher, directors greatly appreciated the additional reimbursement they received for meeting higher quality standards. Differential rates had a particular impact for those centers serving a large number of children receiving child care assistance. For example, a director from Illinois, who receives a reimbursement rate that is 20 percent higher than the base rate, uses the additional amount to support a benefits package for staff.



Other centers can provide a valuable support network as directors navigate the QRIS.

Non-monetary QRIS Supports

Many directors reported positive experiences with technical assistance provided through QRIS. Directors said that technical assistance helped them better understand and meet QRIS standards. Technical assistance was most useful when directors had good personal relationships with the coaches/mentors providing it, and when the coaches/mentors coordinated with assessors, licensing inspectors, and others working with the center. It was also most effective when provided on a regular and ongoing basis. In Palm Beach County, Florida, coaches/mentors visit each participating center six hours per week and provide assistance to both teachers and the center director. In most states, technical assistance is available to some extent, but on a more limited basis than in Palm Beach County.

Several directors discussed their appreciation for the technical assistance they receive. For example, a director from Iowa reported that coaches/mentors are “helpful in identifying things they could do differently

or improve” and “help open their eyes to what else is out there.” Another director in Iowa reported that public health and resource and referral consultants helped teachers rearrange the classroom and taught them effective techniques for working with children with behavioral issues. A director from Oklahoma stated that she “can’t say enough about how much the [technical assistance] specialist helped them.” She explained that there were struggles in trying to get her program’s 90 employees to meet the training standards for a three-star rating, and that the specialist was “instrumental” in helping them.

Directors also benefit from peer-to-peer support. A director in Illinois participates in a monthly directors’ luncheon, which provides a venue for peer-to-peer problem-solving related to QRIS and other early childhood issues. Similarly, a director from Iowa is part of a local group of directors that meets monthly, and those participating in the QRIS discuss the system during these meetings. Other centers can provide a valuable support network as directors navigate the QRIS.

Private Supports

Many of the directors in the study receive supports external to QRIS as well. They rely on local funders, United Way, or other outside private funding to help pay for the additional costs of meeting higher standards. However, the funding provided by private sources is often limited in scope, only available for a certain time period, or only available in certain communities.

Some centers that are part of large for-profit chains or larger agencies can rely on their umbrella organization for support, while also benefiting from cost savings due to economies of scale. Small, independently operating centers lack such support, and may find it more challenging to meet higher QRIS standards.

A director in Iowa reported that her center had to fundraise and seek grants and donations throughout the year because “the costs of running a high-quality child care center far exceed what [it] can charge parents.”

In addition to looking to outside funding to help meet higher standards under the QRIS, centers also used their QRIS ratings to leverage private funding for other purposes or their general budget. Some directors highlighted their quality rating in grant applications. In some cases, private donors required centers to have achieved a certain minimum quality rating to be eligible for their grants.

Ensuring QRIS Respond to the Needs of All Children

In developing and implementing QRIS, states can take a variety of steps to address the range of needs of children in care and the providers who serve them. Directors discussed ways to design QRIS so that the standards reflect the needs of children in different age groups, children with disabilities and other special needs, children with culturally and linguistically diverse backgrounds, and other groups of children. Directors also discussed ways to conduct quality assessments with the recognition that providers must adapt to the particular needs of the children in their care.

Infants and Toddlers

Given research showing that high-quality infant/toddler care is essential to the development of very young children³⁵ yet in short supply in most communities,³⁶ the directors recognized the importance of strong QRIS standards to promote the well-being of very young children. However, they expressed some concern that standards specific to infant/toddler care often too narrowly focus on the cleanliness of the environment, to the exclusion of other key determinants of quality.

They favored a greater emphasis on the caregiver-child relationship because of its significant influence on infants' and toddlers' learning and development.³⁷ For example, in helping determine quality ratings, they supported the use of a tool for observing and assessing the quality of interactions between teachers and children such as the Classroom Assessment Scoring System (CLASS™); Pre-K and K-3 versions of the tool have already been developed, and an infant/toddler version is under development.

School-Age Children

While all of the study states have QRIS designed for centers serving children from infants to school-age, the directors thought that more steps could be taken to support efforts by school-age care programs to improve their quality ratings. The director of a large after-school program in Maine pointed out that the program had limited resources for pay for its staff—most of whom work part time, as is the case in many school-age programs—to attend trainings in order to meet staff education and training requirements. The center, which is a nonprofit serving a substantial number of low-income children and therefore has difficulty charging higher fees, struggled to afford the \$2,000 for training per staff member, many of whom worked just three hours a day in the program. The director reported that, as a result, the center had not been able to move beyond a two-star rating level on the state's four-step rating system. Another challenge for school-age programs, cited by at least one director, was the lack of available and accessible trainings on the School-Age Care Environment Rating Scale (SACERS) used in determining school-age programs' overall quality ratings. The directors' comments suggest that making trainings targeted at school-age care more available and more affordable would help school-age care providers participate in QRIS and improve their quality ratings.

Children from Diverse Racial, Ethnic, and Linguistic Backgrounds

The nation's child population is growing in racial, ethnic, and linguistic diversity. The nation's child care workforce is diverse as well.³⁸ QRIS provide an opportunity to address quality for diverse children by including measures related to cultural and linguistic competence in QRIS standards.³⁹ Culturally competent programs include those that use curriculum, instruction and assessment practices that support home language development; offer professional development opportunities that give teachers the skills to work effectively with diverse cultural and linguistic groups; and engage meaningfully with families.

To date, only a few QRIS—including just two of the QRIS in the study—include measures of the cultural or linguistic competency of child care centers in their QRIS, and these measures sometimes only apply to programs at the highest quality ratings. Pennsylvania's QRIS standards include criteria such as policies that “represent the multilingual capacity of the program” and professional development training for all staff in higher-rated programs on cultural differences and ways to ensure effective inclusion of all children. Palm Beach County requires programs at the highest rating levels to have resources to communicate with families in their primary languages.

Directors agreed that existing QRIS standards, including the environment rating scales, do not adequately address how well programs are meeting the needs of diverse groups of children. Some directors reported that they have interpreters on staff or have teachers who reflect the children and families they serve, but these efforts are not measured within the QRIS structure. Some directors reported that there is vague language related to diversity in their QRIS, such as “respect all backgrounds,” but there are not corresponding measures or criteria for how such statements should be interpreted.

Children with Special Needs

QRIS should have standards and appropriate program assessment for child care for children with disabilities and other special needs to measure the quality of care and provide an incentive for providers to offer high-quality care for children with special needs. However, of the study sites, only Pennsylvania includes criteria related to caring for children with special needs in its QRIS.⁴⁰ The state requires programs to take actions to plan and implement classroom practices in accordance with children's individualized education plans (IEPs) or other special needs assessments to reach certain quality rating levels.

Center directors discussed the importance of additional efforts to ensure QRIS work for children with special needs. Directors from several states reported conflicts between QRIS standards and standards appropriate for children with special needs. These conflicts arose even in Pennsylvania, despite its QRIS provisions addressing care for children with special needs. The director of a Pennsylvania child care program that serves children with special needs reported that her center loses points on its environment rating scale assessment, which contributes to its overall quality rating, because some aspects of the room set-up that are designed to accommodate children with disabilities are not in accordance with QRIS standards. For example, one classroom serving several children with autism limited the number of items of student work and other materials on the walls to reduce distractions, and as a result, failed to meet the requirement to have a specific number of materials of certain types within the classroom environment. “We are the square peg trying to fit in the round hole,” she said.

Directors also wanted standards that recognized the appropriateness of recruiting staff with credentials in special education to work with children who have special needs. Some QRIS standards only award the



Directors discussed the importance not only of standards appropriate for children with special needs, but also of assessors with knowledge in special education who could recognize appropriate practices for children with special needs and practices to ensure the safety of these children.

maximum number of points if teachers have degrees in early childhood education, and do not give the same credit for teachers with degrees in special education, even if they also have education and experience in early childhood education. Directors wanted standards that would allow a center serving a large number of children with special needs to receive full credit for teachers who

had degrees in special education and had demonstrated through a combination of experience and education they were qualified to teach young children.

Directors discussed the importance not only of standards appropriate for children with special needs, but also of assessors with knowledge in special education who could recognize appropriate practices for children with special needs and practices to ensure the safety of these children, even if not within the QRIS standards as narrowly defined. For example, a director from Pennsylvania said she lost points on the classroom environment assessment because she had removed sand from the water/sand table,⁴¹ which she did because she was concerned about a child with autism putting sand in his mouth. Such situations could be addressed by ensuring assessors understand appropriate care for children with special needs and how the standards on appropriate care for children could be applied to children with special needs and by giving providers an opportunity to appeal assessment scores. A director from Kentucky whose center serves children who have experienced abuse and neglect, have behavioral challenges, and have other special circumstances talks with assessors who come to her program for the first time to ensure that they understand its special features and the population it serves.

Helping Families Identify and Choose High-Quality Care

QRIS are designed to provide information to parents about the quality of their child care options and, ultimately, to encourage them to use high-quality care. In fact, a major premise of QRIS is that if parents have more information about the quality of different child care providers, they will select high-quality care, thereby providing an incentive for providers to achieve high-quality ratings. Yet parents must first know what child care providers' ratings are and what those ratings mean.

States disseminate information about QRIS, programs' ratings, and child care quality in general through written materials, websites, child care resource and referral agencies, and other means.

It can be challenging to use QRIS to influence parents' child care choices. Research shows that families select child care for a variety of reasons in addition to the quality of care, including proximity to home or work, length of care needed, and—particularly for low-income families—affordability.⁴² Directors reported that parents most commonly chose care based not on QRIS ratings, but rather on word of mouth and referrals from family and friends. The directors said that, for QRIS to have a greater impact on parents' child care choices, states and communities would need more consistent, sustained efforts to distribute information and provide repeated messages about QRIS through multiple channels, including through pediatricians, parent networks, and other trusted sources. In Maine, where parents receive a tax credit for using high-quality care, the tax form is another way in which parents learn about QRIS; in this way, the tax credit functions not merely as a financial incentive but also as a means of publicizing the QRIS.

In addition, directors thought it was helpful to have child care subsidy agencies provide information on child care providers' QRIS ratings to families receiving child care assistance. However, directors reported that some states actually prohibit child care subsidy agencies from sharing this information about quality ratings with parents. Directors saw this as antithetical to the consumer education component of QRIS, and as a missed opportunity to help low-income families learn about their options for high-quality care.

Although directors reported that most parents were not aware of QRIS ratings prior to choosing their child care provider, some directors said they had

conversations with parents about QRIS and their ratings after the parents selected their centers. In such instances, centers use QRIS as an educational tool to convey information about quality and early childhood education to parents. Directors explain the ratings to parents and how their center has achieved a level of quality above what is required for basic licensing.

In their conversations with parents about QRIS, directors have an opportunity to clear up any confusion and misunderstandings. Many parents are uncertain how to translate the ratings, given that states' rating scales lack the widespread recognition of movie and hotel rating systems. Parents may not realize what the top rating in their state is, or that, in a state that designs its QRIS such that any quality rating is a step above basic licensing, even a one- or two-star rating is an indication that the child care provider has achieved a level of quality beyond basic requirements.

The QRIS did help some parents recognize what high-quality was and what it looked like. A director in Iowa said that the center used its quality rating as a marketing tool and that parents saw it as a good stamp of approval. In addition, some parents grew to understand and appreciate the work that went into achieving a higher rating. Another director in Iowa said that parents and staff threw a surprise party for the center when it reached a level 4.

Aligning Standards Across the Early Childhood System

QRIS standards—along with the financing, monitoring, professional development, technical assistance, and other resources that help child care and early education programs meet these standards—can be aligned with other early care and education standards and programs so that they work together to promote high-quality care

across a range of early childhood settings that meet children's and families' needs. Alignment involves efforts to minimize inconsistencies across different standards, reduce duplication in monitoring and other processes, and develop professional development opportunities and other quality improvement resources that are applicable across settings and programs, among other approaches. Successful coordination allows child care and early education programs to deliver services more seamlessly, effectively, and efficiently to children and families. Directors reported that their states are still working to better align their QRIS with standards for other programs, so that—rather than conflicting with one another—they reinforce and build upon each other.

Child Care Licensing

State child care licensing regulations establish minimum requirements for operating child care settings with compliance monitored by the state. Licensing provides a floor to ensure the health and safety of children. Strong child care licensing standards can ensure that all programs participating in the QRIS, having achieved licensing as a precondition for participation, start with a level of quality that ensures the well-being of children. Yet, overall, state child care licensing standards are not considered strong enough to independently assure good-quality child care. In many states, group sizes and child-staff ratios and other important components of child care standards are far below levels recommended by experts and supported by research, and compliance with licensing standards is not adequately verified. In two-thirds of states, licensed child care centers are inspected to check that health and safety standards are being met only once a year or less frequently.⁴³

While a few states integrate their child care licensing systems and QRIS, in most states licensing and QRIS are part of separate systems. The systems may be run

by different agencies and may have distinct sets of standards that are not completely consistent with one another. The lowest level of the QRIS is also not always equivalent to licensing.

Directors discussed ways in which child care licensing systems interact with QRIS. At least one director reported feeling more confident during licensing visits since participating in QRIS. With the knowledge that her program has already gone beyond basic licensing, the director feels more prepared and is less anxious about unannounced monitoring visits. However, other directors reported some conflicts between licensing and QRIS standards and how assessors for each system interpreted these standards. For example, licensing inspectors and QRIS technical assistance specialists sometimes provided conflicting instructions to directors on diapering processes and room organization. As a result, directors sometimes had to readjust their procedures or room set-up based on which inspection they were having or, in some cases, risked losing points toward their QRIS ratings. Directors called for closer alignment across standards as well as greater communication and coordination among the assessors and technical assistance specialists from the different systems as they implement the standards.

Accreditation

All of the study QRIS but two (North Carolina and Palm Beach County) tie QRIS to accreditation in some way. For example, in some QRIS, accredited programs automatically enter the QRIS at the highest level, under the presumption that the accreditation criteria are at least as high as the criteria for the highest quality rating. In other QRIS, accreditation is one of several criteria required for programs to achieve the highest level. Finally, in some QRIS, accreditation earns a program points toward the overall score on which its quality rating is based.

Alignment between accreditation and QRIS can create an extra incentive for providers to receive accreditation, because then accreditation can help boost their quality rating, which gives them the additional recognition and any financial incentives the state offers higher-rated programs. In contrast, when the criteria are not aligned, it can be cumbersome for providers to both receive accreditation and participate in QRIS. For example, a provider may have to go through two separate monitoring processes for accreditation and obtaining a quality rating.

A director from Maine praised the coordination in her state between the QRIS and accreditation in her state, which awarded the top quality rating to accredited programs. The director appreciated that her center was not required to have an additional on-site review for the QRIS, in addition to the on-site reviews already conducted for accreditation. This coordination between the state's QRIS and accreditation facilitated the center's ability to attain and retain the top quality rating and, as a result, receive the differential reimbursement rate for top-rated providers.

Child Care Assistance

Most QRIS have linkages with the child care assistance program in that they require providers serving children receiving child care assistance to participate in the QRIS and/or offer tiered reimbursement rates for higher-rated providers participating in the QRIS. Tying together QRIS and the child care assistance program offers a mechanism for helping providers serving the low-income children who receive child care assistance, children who could most benefit from high-quality care, achieve that care. Directors supported tiered rates that boost the funding for higher-quality providers and supported requirements for providers serving children receiving child care assistance to participate in the QRIS to help ensure the quality of care for those children.

Despite the benefits of tiered reimbursement rates tied to QRIS, there are limits to this strategy. The additional payment for higher-quality care is typically added to a low base reimbursement rate, as discussed above. As a result, tiered rates that are part of QRIS help somewhat offset the shortfall in basic reimbursement rates offered by the child care assistance program, but generally do not fully compensate for this shortfall. In addition, while linking child care assistance with QRIS is intended to give low-income families access to high-quality care, many low-income families cannot access child care assistance in the first place. Many low-income families are unable to receive child care assistance because of restrictive state eligibility criteria or long waiting lists. Only one in six children eligible for child care assistance under federal law actually receives help.⁴⁴ Without help paying for care, these families cannot afford higher-rated care.

State-Funded Prekindergarten

Some states coordinate their QRIS with their state-funded prekindergarten initiatives in one or more ways. For example, Pennsylvania and North Carolina require child care centers to achieve certain QRIS ratings to qualify for funding to offer state prekindergarten classes. In addition, as one center director noted, in North Carolina assessment and monitoring for the QRIS and the state prekindergarten program are coordinated through the same state office, which can help minimize bureaucracy for centers participating in both the QRIS and the prekindergarten program and help allow centers participating in one to more easily participate in the other. In Illinois, the state prekindergarten program, like the state's QRIS, uses the Early Childhood Environment Rating Scale (ECERS), an approach that pleases directors from Illinois because it allows them to use a common program assessment tool for both systems.



Center directors appreciated when QRIS facilitated their participation in prekindergarten programs because they thought it helped them better serve families and led them to further improve quality.



QRIS work best when they help child care providers improve quality on an ongoing basis by providing financial, mentoring, and other support and when they effectively align with other high-quality early childhood and after-school systems.

Center directors appreciated when QRIS facilitated their participation in prekindergarten programs because they thought it helped them better serve families and led them to further improve quality. The director of a center in Oklahoma that qualified to offer a prekindergarten program based in part on its three-star QRIS rating said that the collaboration with the prekindergarten program was “fantastic.” The director said that parents “love it” because the part-day prekindergarten program—operated by the local school district at her child care center—and child care for the remaining hours of the day are offered at the same location, and therefore they do not have to transport their children in the middle of their work day. A director in North Carolina said that their four-star QRIS rating qualified several of her child care centers to offer prekindergarten, and participation in the prekindergarten program encouraged additional improvements that enabled the centers to ultimately receive five-star ratings (the state’s top rating). In this way, QRIS can create a positive feedback cycle by opening up opportunities for collaboration with other programs that in turn brings additional resources into the child care center and offers a high-quality model to follow, thereby resulting in even greater quality improvements.

Recommendations for Policy Makers

The experiences of center directors participating in QRIS offer lessons for state and local policy makers working to establish new or strengthen existing QRIS. The directors' observations indicate that QRIS work best when they help child care providers improve quality on an ongoing basis by providing financial, mentoring, and other support and when they effectively align with other high-quality early childhood and after-school systems. To that end, NWLC and CLASP recommend that state and local policy makers:

- ***Set quality rating standards that appropriately reflect elements essential to the quality of care:***

Standards are most effective in raising the quality of care when they address those elements most critical to health, safety, positive development, and learning of children in care, and address them in a deep, meaningful way. Standards that ensure highly qualified, well-compensated early childhood teachers are particularly important—yet must be paired with opportunities and supports for teachers to attain the higher credentials necessary to meet the standards. It is also important that standards be clear so that child care providers know what they need to do to meet them.

- ***Establish a quality assessment process that is reliable and responsive:*** An effective assessment process holds child care providers accountable for meeting standards. To ensure the validity and reliability of the process, it is important to have well-trained assessors. To ensure that the process evaluates the quality of a child care provider as completely and accurately as possible, and does not depend on the particular circumstances affecting a teacher or child on a particular day, it is important to have assessments that allow for multiple observations (on-site or through written portfolios documenting activities), to the extent feasible and practical. To ensure that the process is fair, it is important to have an appeals process that allows providers an opportunity to challenge their scores in one or more areas of the assessment. Finally, to ensure that the process encourages ongoing quality improvement, it is essential to offer providers feedback about the score they received and how to improve that score.
- ***Provide sufficient, sustained incentives and support for improving quality:*** Financial supports such as grants and bonuses are crucial for enabling child care providers to make the investments needed to achieve higher levels of quality, and continuing those financial supports for some time after the initial awards helps providers maintain higher quality levels. Funding is particularly important in enabling providers to offer the higher compensation needed to attract and retain qualified staff, who are so critical in determining the overall quality of care. Tiered



With these steps to strengthen QRIS, more providers will be able to participate in QRIS, and more providers participating in QRIS will be able to achieve and sustain higher quality ratings, enabling more children and families to have access to high-quality care.

reimbursement rates—with substantial differentials between tiers, built on top of adequate base rates—are essential in helping providers that serve families receiving child care assistance provide high-quality care and in encouraging providers to serve these families. In addition to monetary supports, child care providers benefit when they receive technical assistance and coaching on meeting and sustaining higher quality standards, particularly when this support is available on a routine and regular basis.

- ***Design QRIS to meet the needs of all children:*** It is important to have QRIS standards that are appropriate for each group of children to which they apply and assessors that are trained to appropriately assess each type of care they are responsible for evaluating. With input from providers of infant and toddler care, school-age care, care for children with special needs, and care for children from diverse cultural and linguistic backgrounds, and using research on best practices, standards and trainings can be responsive to the needs of each group of children.
- ***Educate parents about QRIS and high-quality care:*** States and communities can use a range of strategies to help parents learn what QRIS are, how they work, and how parents can use QRIS to find high-quality child care. These strategies are most effective in reaching parents and influencing their child care choices when they are sustained and provided through multiple channels, including websites and online media, mailings, pediatricians' offices, parent networks, radio and television advertising (including non-English language media), child care resource and referral agencies, and agencies responsible for administering the child care assistance program.

- ***Align QRIS with other high-quality programs and components within the early childhood system:*** QRIS work best when they function in coordination with other pieces of the early childhood system. QRIS can be built on top of solid core licensing standards that ensure children’s basic health and safety. QRIS standards can be matched with standards for accreditation, state prekindergarten, Head Start, and Early Head Start so there is a common, consistent set of high-quality benchmarks early care and education providers strive to meet. Monitoring processes for these various early care and education programs can be coordinated as well. Professional development systems can be designed to help child care teachers simultaneously meet QRIS standards and standards for other high-quality early care and education programs, as they advance on a path toward higher education degrees and credentials.⁴⁵ QRIS can require that licensed and regulated child care providers serving families receiving child care assistance participate in the QRIS and pay higher reimbursement rates to higher-rated providers, in order to help families receiving assistance receive higher-rated care—although the effectiveness of this strategy also depends on sufficient base reimbursement rates. Efforts to coordinate QRIS with other programs minimize conflict and duplication between programs and reinforce the impact of QRIS on quality throughout the early childhood system.

The center directors in the study, their staff, and the children and families they serve have benefited from their participation in QRIS. The systems have helped to increase the quality of their centers and the services they provide to children and opened up new opportunities for their staff. With these steps to strengthen QRIS, more providers will be able to participate in QRIS, and more providers participating in QRIS will be able to achieve and sustain higher quality ratings, enabling more children and families to have access to high-quality care.

Endnotes

- 1 Kathryn Tout, Rebecca Starr, Margaret Soli, Shannon Moodie, Gretchen Kirby, and Kimberly Boller, *Compendium of Quality Rating Systems and Evaluations* (Prepared by Mathematica Policy Research and Child Trends for U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning Research, and Evaluation, 2010), ES 1-2, available at http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/compendium_qrs/qrs_compendium_final.pdf. The 22 states with state-wide QRIS are Colorado, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Montana, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, and Vermont. The four states with QRIS in one or more of their local communities are California (Los Angeles), Florida (Miami-Dade and Palm Beach County), Minnesota (five pilot areas), and Virginia (15 pilot communities). The Compendium includes data on each of these states and communities, except for Montana, which declined to provide information for the Compendium because its QRIS was undergoing a major revision during the time of data collection.
- 2 *Compendium of Quality Rating Systems and Evaluations*, ES 6-7.
- 3 While some states include family child care programs in their QRIS, this study focused exclusively on center providers.
- 4 Roundtable attendees included directors from Palm Beach County, Illinois, Iowa, Kentucky, Maine, North Carolina, Oklahoma, and Pennsylvania.
- 5 Maine began with a pilot in 2007 and went statewide in 2009. *Compendium of Quality Rating Systems and Evaluations*, ES 2.
- 6 *Compendium of Quality Rating Systems and Evaluations*, ES 4.
- 7 Illinois includes standards for teacher qualifications in its family child care QRIS, but not for centers. *Compendium of Quality Rating Systems and Evaluations*, 123.
- 8 K. Alison Clarke-Stewart, Deborah Lowe Vandell, Margaret Burchinal, Marion O'Brien, and Kathleen McCartney, "Do Regulable Features of Child-Care Homes Affect Children's Development?" *Early Childhood Research Quarterly*, 17 (1), 2002, 52-86.
- 9 Margaret R. Burchinal, Debby Cryer, Richard M. Clifford, and Carolee Howes, Caregiver Training and Classroom Quality in Child Care Centers, *Applied Developmental Science*, 6 (1), 2002, 2-11.
- 10 Suzanne W. Helburn (Ed.), *Cost, Quality, and Child Outcomes in Child Care Centers, Technical Report* (Denver, CO: University of Colorado at Denver, Center for Research in Economics and Social Policy, 1995); Marcy Whitebook, Carolee Howes, and Deborah Phillips, *Worthy Work, Unlivable Wages: The National Child Care Staffing Study, 1988-1997* (Washington, DC: Center for the Child Care Workforce, 1998); Marcy Whitebook, *Early Education Quality: Higher Teacher Qualifications for Better Learning Environments – A Review of the Literature* (Berkeley, CA: Institute of Industrial Relations, Center for the Study of Child Care Employment, 2003), available at <http://www.iir.berkeley.edu/cscce/pdf/teacher.pdf>.
- 11 *Compendium of Quality Rating Systems and Evaluations*, 185-186.
- 12 Child Care Services Association, T.E.A.C.H. Early Childhood® Project, available at <http://www.childcareservices.org/ps/teach.html>.
- 13 Fran Kipnis and Marcy Whitebook, *Workforce Information: A Critical Component of Coordinated State Early Care and Education Data Systems* (Berkeley, CA: Center for the Study of Child Care Employment, 2011).
- 14 The National Registry Alliance, State of Early Childhood and School-Age Workforce Registries (2009), available at <http://www.registryalliance.org/resources-briefs/alliance-resources>.
- 15 Illinois, North Carolina, Oklahoma, Pennsylvania, and Palm Beach County offer wage enhancements in their QRIS. Miami-Dade is the only other QRIS that includes wage enhancements. *Compendium of Quality Rating Systems and Evaluations*, 185-186.
- 16 The University of North Carolina, FPG Child Development Institute, Environment Rating Scales, available at <http://ers.fpg.unc.edu/>. There are four environment rating scales: the Early Childhood Environment Rating Scale-Revised (ECERS-R), to assess group programs for children from two through five years of age; Infant/Toddler Environment Rating Scale-Revised (ITERS-R), to assess group programs for children from birth to two-and-a-half years of age; Family Child Care Environment Rating Scale-Revised (FCCERS-R), to assess family child care programs; and School-Age Care Environment Rating Scale (SACERS), to assess before- and after-school group care programs for school-age children, five to twelve years of age.
- 17 In Maine, ERS scores are used to validate the QRIS evaluation, but not to rate individual programs. Palm Beach County requires an assessment using ITERS or ECERS. The remaining study states require an assessment using ITERS-R, ECERS-R, or SACERS. *Compendium of Quality Rating Systems and Evaluations*, 162-163.
- 18 Child care centers participating in North Carolina's QRIS receive 1 to 15 points, based on their performance on program standards—which include ERS scores—and education standards for staff. Centers are awarded a 1-star rating if they have 1 to 3 points, a 2-star rating for 4 to 6 points, a 3-star rating for 7 to 9 points, a 4-star rating for 10 to 12 points, and a 5-star rating (the top rating) for 13 to 15 points. North Carolina Division of Child Development and Early Education, Star Rated License: Overview, available at http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp.
- 19 Bridget Hamre, Stacie Goffin, Marcia Kraft-Sayre, *Classroom Assessment Scoring System (CLASS) Implementation Guide* (Teachstone, 2009), 43, available at <http://www.teachstone.org/wp-content/uploads/2010/06/CLASSImplementationGuide.pdf>.
- 20 *Compendium of Quality Rating Systems and Evaluations*, 127.
- 21 *Compendium of Quality Rating Systems and Evaluations*, 128.
- 22 *Compendium of Quality Rating Systems and Evaluations*, 125.
- 23 McCormick Center for Early Childhood Leadership, Program Administration Scale (PAS), available at <http://cecl.nlu.edu/evaluation/pas.htm>.

- 24 *Compendium of Quality Rating Systems and Evaluations*, 162-163.
- 25 *Compendium of Quality Rating Systems and Evaluations*, 166-168.
- 26 For example, Philadelphia requires that “all curtains, drapes, hangings and other decorative materials suspended from walls or ceilings must be noncombustible or maintained flame-resistant.” City of Philadelphia, Department of Licenses and Inspections, *A Guide for Child Care Providers* (2006), available at <http://www.phila.gov/health/pdfs/ChildCareInfoBooklet.pdf>. Fire codes in other states, cities, and communities allow decorations to cover only a limited portion of the walls. For example, North Carolina’s fire code states that artwork and teaching materials shall be limited on walls of corridors to not more than 20 percent of the wall area. North Carolina Building Code Council and North Carolina Department of Insurance, *North Carolina State Building Code: Fire Code* (2006), available at http://www.bmfire.org/NC_FIRE.pdf.
- 27 In addition to a provider’s rating level, Kentucky takes into account the percentage of children served by the provider who are receiving child care assistance and the ages of the children in determining the additional reimbursement amount for the provider; the higher the percentage of children receiving child care assistance and the younger the children, the greater the quality award.
- 28 36 M.R.S.A. § 5218.
- 29 36 M.R.S.A. § 5219-Q.
- 30 *Compendium of Quality Rating Systems and Evaluations*, 183-184.
- 31 Philip Sirinides, *Demonstrating Quality: Pennsylvania Keystone STARS 2010 Program Report* (Harrisburg, PA: Pennsylvania Departments of Education and Public Welfare, Office of Child Development and Early Learning, 2010), 52, available at <http://www.ocdelresearch.org/Reports/Keystone%20STARS/Keystone%20STARS%202010%20Evaluation%20Report.pdf>.
- 32 *Demonstrating Quality: Pennsylvania Keystone STARS 2010 Program Report*, 12.
- 33 Karen Schulman and Helen Blank, *State Child Care Assistance Policies 2011: Reduced Support for Families in Challenging Times* (Washington, DC: National Women’s Law Center, 2011).
- 34 *State Child Care Assistance Policies 2011*.
- 35 Jack P. Shonkoff and Deborah A. Phillips (Eds.), *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington, DC: National Research Council and Institute of Medicine, Committee on Integrating the Science of Early Childhood Development, 2000); National Scientific Council on the Developing Child, *Young Children Develop in an Environment of Relationships, Working Paper No. 1* (2004), available at http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp1/.
- 36 Suzanne Helburn, Mary L. Culkin, Carollee Howes, Donna Bryant, Richard Clifford, Debby Cryer, Ellen Peisner-Feinberg, and Sharon Lynn Kagan, *Cost, Quality, and Child Outcomes in Child Care Centers* (Denver, CO: University of Colorado, 1995); National Association of Child Care Resource and Referral Agencies, *Child Care in Thirteen Economically Disadvantaged Communities* (Arlington, VA: NACCRRA, 2006), 15, available at <http://www.naccrra.org/randd/data/CaseyReport.pdf>; Mary Carpenter, Mary Martin, and Sue Russell, *Who’s Caring for Our Babies Now? Revisiting the 2005 Profile of Early Care and Education for Children Birth to Three in North Carolina* (Chapel Hill, NC: Child Care Services Association, 2008), 20, available at http://www.childcareservices.org/downloads/research/IT_State%20report_08.pdf; California Child Care Resource and Referral Network, *2011 California Child Care Portfolio* (San Francisco, CA: California Child Care Resource and Referral Network, 2011), available at <http://www.rnnetwork.org/rr-research-in-action/2011-california-child-care.html>.
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- 38 Hedy Chang, *Getting Ready for Quality: The Critical Importance of Developing and Supporting a Skilled, Ethnically and Linguistically Diverse Early Childhood Workforce* (Oakland, CA: California Tomorrow, 2006), available at <http://www.californiatomorrow.org/media/gettingready.pdf>; Dan Bellm and Marcy Whitebook, *Roots of Decline: How Government Policy Has De-Educated Teachers of Young Children* (Berkeley, CA: Center for the Study of Child Care Employment, 2006), available at http://www.irle.berkeley.edu/cscce/wp-content/uploads/2006/01/roots_decline061.pdf.
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